## DO NOT STAPLE ANYTHING TO THIS STATEMENT



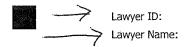
## LAWYER REGISTRATION STATEMENT



MINNESOTA SUPREME COURT ATTN: LAWYER REGISTRATION 25 REV. DR. MARTIN LUTHER KING JR. BLVD. ST. PAUL. MN 55155

YOUR PAYMENT IS PAST DUE AS OF 10/01/2010	, YOUR PAYMENT STATUS IS			
	PAST DUE			
	FEE DUE	OVERDUE PENALTY	TOTAL DUE	
YOUR LICENSE IS SUSPENDED. TRIAL COURTS HAVE BEEN NOTIFIED	,	\$75.00		

WWW.MNCOURTS.GOV (651) 296-2254	10/01/2010	FEE DUE	OVERDUE PENALTY	TOTAL DUE	
Please enter Name and Address	YOUR LICENSE IS SUSPENDED, TRIAL COURTS HAVE BEEN NOTIFIED		\$75.00		
	Instructions:		#V 3 str 1		
	1. ALL LAW	YERS and JUDGES	MUST complete steps	1 and 2 below.	
		2. ALL ACTIVE STATUS LAWYERS MUST also complete step 3.			
<u>LICENSE SUSPENDED - PAST DU</u>	E 3. Make add	3. Make address corrections to the address at the left.			
Please enter Lawyer ID Number:		To request retired or permanent disabled status complete step 4 on the back side of this form.			
Step 1: REQUIRED Complete this section by	choosing your status and entering y	our check #. This se	ection MUST be complet	ed.	
ACTIVE LAWYER or JUDGE STATUS - AUTH	ORIZED TO PRACTICE		1		
CLE Status MUST BE "Active" and STEP 3 MU	ST BE COMPLETED	+To 0	laim the reduced fee, y	ou must certify	
\$429.00 Practicing \$381.00 Practicing earning less than \$25,000 a	year +	check box check box box checking the box and signing below hereby certify that my gross income fi			
\$196.00 Admitted to practice less than 3 years \$172.50 Admitted to practice less than 3 years	earning less than \$25,000 +	sour	sources, excluding the income of my spou is less than \$25,000 per year.		
\$0.00 Full-time/active Military Duty in U.S. Arm	ed Forces	Sign:			
INACTIVE LAWYER or JUDGE STATUS - NO	OT AUTHORIZED TO PRACTI	CF*			
\$354.00 Resident - not practicing in MN * \$306.00 Resident - not practicing in MN earning		* Selecting an	inactive status does no		
\$354.00 Out of State — not practicing in MN* \$306.00 Out of State — not practicing in MN ear	ning less than \$25,000 * +	request "CLE r Minnesota CLE	irements. To be exempestricted status" by ser Board 180 E. 5th Stre	nding notice to et, Suite 950, St.	
☐ FEE EXEMPT Retired Status (Complete Step 4 of	on the back side of this form)		<ol><li>Lawyers on "CLE re to pay the annual lawy</li></ol>		
☐ FEE EXEMPT Disabled Status (Complete Step 4	on the back side of this form)	fee.	to po, and annual law,	-c. (•5,00,000)	
Check number:					
(Enter the number that is in the upper right)					
Step 2: REQUIRED Complete this section about	ut your Trust Account. You MUST fill	out either a or b to co	omplete this section.		
Interest On Lawyers Trust Account (IOLTA)	•	•		•	
<ul> <li>I am exempt from provisions of Rule 1.15, Mir Professional Conduct regarding trust accounts</li> </ul>	because .	•			
(circle appropriate choice(s)).  1. I do not regularly practice in Minnesota		NAME OF FINANCIAL . INSTITUTION(S)			
<ul><li>2. I do not handle client funds</li><li>3. Other</li></ul>	ALL IOLTA TR ACCOUNT NU				
	Check if It	n MUST be filled ou	s changed since last re t Whether or not inforr	mation has change	
I hereby certify that I am exempt as noted above, or t required by Rule 1.15, Minnesota Rules of Professiona requirements, call the Office of Lawyers Professional R	Conduct (MRPC) and Appendix 1	to the MRPC. If you	are unfamiliar with the	e record keeping	
Lawyer signature is required					
ORIGINAL SIGNATURE:	•	D	ATE:		







Step 3: REQUIRED	ALL ACTIVE STATUS LAWYERS M	IUST complete the following section concer	ning professional liability insurance.	
Professional Liability Insur	rance Coverage		•	
Choose one of the follow	wing:			
	esent private clients* Answer A. *Client		ients of government lawyers and house counsel are not "private clients" for the purposes of reporting	
	-	in step 3 signature scion.	ional liability insurance coverage.	
A.) Are you covered	d by professional liability insu	rance?		
Yes An	swer B. and C. and sign Step 3 Si	ignature below.		
☐ No Sig	gn Step 3 Signature below		•	
B.) Choose Primary	/ Insurance Carrier below:			
ALAS (Attorne	ys' Liability Assurance Society)	Great American Insurance Group	Nutmeg (Hartford) Ins	
ALPS (Attorne	y Liability Protection Society)	Lexington Insurance Company	OneBeacon Insurance	
CNA Insurance	e Services	Liberty Mutual	St Paul Travelers	
Carolina Casua	alty Insurance Company	Lloyds of London	☐ The Hartford	
Columbia Casu	ualty Insurance	Minnesota Lawyers Mutual	☐ Westport Insurance Corporation	
<del></del>	asualty Company  HANDWRITE using only CAPITAL	•	rier. Please do not list that as your carrier	
Other				
C.) Do you intend t	o maintain professional liabili	ity insurance during the next twelve	e months?	
· No				
Step 3: Lawyer signatu	re is required			
I hereby certify that the in	formation provided in this section	n is correct.		
			DATE:	
Step 4: C	omplete this section IF you wish to	request RETIRED or PERMANENT DISABLE	D status.	
A lawyer or judge who war Registration Office.	nts to be placed on retired or perr	manent disabled status must file the app	licable affidavit below with the Lawyer	
Affidavit of Retired Stat	us:			
	of nactive status, (2) I do not hold ju retired from any gainful employm		, I swear or affirm that (1) I agaged in the practice of law, (4) I am at least 62	
SIGNATURE:			DATE:	
Affidavit of Permanent				
State of Minnesota, County am currently on active or in disabled.	of nactive status, (2) I do not hold ju	idicial office in this state, (3) I am not er	, I swear or affirm that (1) I ngaged in the practice of law, and (4) I am totally	
CICNIATI IDE:			DATE	